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CONFIRMATION NO. 4023

<b>SERIAL NUMBER</b> 09/583,626	<b>FILING OR 371(c) DATE</b> 05/31/2000 <b>RULE</b>	<b>CLASS</b> 015	<b>GROUP ART UNIT</b> 1744	<b>ATTORNEY DOCKET NO.</b> 602927.090085
<b>APPLICANTS</b> Zubair Mirza, Elmwood Park, NJ; Ingram S. Chodorow, Rancho Santa Fe, CA;				
<b>** CONTINUING DATA *****</b> MS This appln claims benefit of 60/154,418 09/17/1999				
<b>** FOREIGN APPLICATIONS *****</b> NONE				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/18/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>MS</u> Allowance Examiners Signature Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 30
				<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 38137				
<b>TITLE</b> Automatic pressure release toothbrush				
<b>FILING FEE RECEIVED</b> 681	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	